

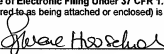
Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918). <h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">For FY 2008</h2>		Complete if Known <table border="1"> <tr> <td>Application Number</td> <td>10/528,957-Conf. #8763</td> </tr> <tr> <td>Filing Date</td> <td>March 22, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Ian Flockhart</td> </tr> <tr> <td>Examiner Name</td> <td>R. A. Keys</td> </tr> <tr> <td>Art Unit</td> <td>1621</td> </tr> <tr> <td>Attorney Docket No.</td> <td>B0192.70056US00</td> </tr> </table>		Application Number	10/528,957-Conf. #8763	Filing Date	March 22, 2005	First Named Inventor	Ian Flockhart	Examiner Name	R. A. Keys	Art Unit	1621	Attorney Docket No.	B0192.70056US00
Application Number	10/528,957-Conf. #8763														
Filing Date	March 22, 2005														
First Named Inventor	Ian Flockhart														
Examiner Name	R. A. Keys														
Art Unit	1621														
Attorney Docket No.	B0192.70056US00														
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT	(\$) 120.00														

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input type="checkbox"/> Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES															
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)								
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)									
Utility	310	155	510	255	210	105									
Design	210	105	100	50	130	65									
Plant	210	105	310	155	160	80									
Reissue	310	155	510	255	620	310									
Provisional	210	105	0	0	0	0									
2. EXCESS CLAIM FEES															
						<table border="1"> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> <tr> <td>Each claim over 20 (including Reissues)</td> <td>50</td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td>210</td> </tr> <tr> <td>Multiple dependent claims</td> <td>370</td> </tr> </table>		Fee (\$)	Small Entity Fee (\$)	Each claim over 20 (including Reissues)	50	Each independent claim over 3 (including Reissues)	210	Multiple dependent claims	370
Fee (\$)	Small Entity Fee (\$)														
Each claim over 20 (including Reissues)	50														
Each independent claim over 3 (including Reissues)	210														
Multiple dependent claims	370														
Total Claims Extra Claims Fee (\$) Fee Paid (\$)		Multiple Dependent Claims		Fee (\$) Fee Paid (\$)											
HP = highest number of total claims paid for, if greater than 20.															
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)															
HP = highest number of independent claims paid for, if greater than 3.															
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).															
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)															
- 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____															
4. OTHER FEE(S)															
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)									
Other (e.g., late filing surcharge): 1251 Extension for response within first month						120.00									

SUBMITTED BY			
Signature	/John R. Van Amsterdam/	Registration No. (Attorney/Agent)	40,212
Name (Print/Type)	John R. Van Amsterdam	Telephone	617.646.8000
		Date	February 12, 2008

Certificate of Electronic Filing Under 37 CFR 1.8 I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). Date: February 12, 2008 Signature:  (Sylvana Householder)	
---	--